MHSOAC
MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

COMMISSION MEETING MINUTES
Wednesday, November 30, 2005

I. Call to Order

Chair Steinberg called the meeting to order at 9:00 a.m.

II. Roll Call

Present were Commissioners Wesley Chesbro, F. Jerome Doyle, Saul Feldman, Linford Gayle, Mary Hayashi, Karen Henry Gary Jaeger, Kelvin Lee, Andrew Poat, Darlene Prettyman, Mark Ridley-Thomas, Darrell Steinberg.

Absent at roll call were: Commissioners Carmen Diaz, Patrick Henning, and William Kolender

Tricia Wynne represented Commissioner Lockyer, and Ivona Smith represented Commissioner Ridley-Thomas

Also present were Mr. Richard Van Horn and Dr. Mayberg.

III. Welcome and Announcements

Chair Steinberg welcomed Barbara Majax (?) from the Alameda County Behavioral Health who in turn welcomed the Commission to Oakland.

Chair Steinberg announced that time needed to be set aside briefly to finish the discussion on Bylaws, specifically, around committee structure. There will also be a short discussion on the process for the hiring of the Executive Director for the Commission. He thanked the Chairs for their work on the Community Service and Supports Committee, Tricia Wynne and Jerry Doyle for their hard work in the lead of putting together the agenda.

IV. Education and Discussion Session: Community Service and Supports and Reports on Mental Health

Chair Steinberg began by introducing Toby Ewing from the Little Hoover Commission who is here to share the results of his work.

Toby Ewing described the work the Little Hoover Commission has done on the Community Service and Supports. In 2000, they were responsible for the report on the Mental Health System in general. In 2002, they did a report on how well the Mental Health System serves children and their families. In 2005, they did a report on the broad array of Health and Human Services System in California with an emphasis on the way the State organizes the 60 to 65 billion dollar services. The work on Mental Health was built on a foundation of work in juvenile justice and

foster care programs to address youth crime and violence, and what the Commission is trying to do is understand, as has been stated by experts, that there is a fundamental relation between mental health care and the various State programs and County Programs like foster care and drug treatment. In looking at the myriad of studies the Commission has done, there are a number of concerns. Fundamentally, it's been found that current policies favor the least effective solutions and often the most expensive strategies to serve Californians.

In the mental health field the Little Hoover Commission discovered that California explicitly rations care to those people who are the most seriously ill. The agenda talks about transforming mental health care from a crisis-driven system; today it is very much a crisis-driven system. People in crisis get help first. The result of this is incarceration. Approximately 30,000 people are in jail and prison today who are receiving mental health services.

Another of the outcomes is homelessness. The Little Hoover Commission discovered that the needs of the homeless have not been integrated into the communities. These people are living under the highway overpasses in cardboard shanty towns.

Hopelessness. In 2000, the Little Hoover Commission found that the leading cause of preventable death was suicide for adults. The Little Hoover Commission also found that mental health care is not a soloed service in families, but it's treated as a siloed service in the way the State provides funding, organizes its departments, and the way the State sets mandates. And as a result, there are gaps in care.

There are 500,000 Californians who have mental health and drug treatment needs. The State has not organized its services in ways that allow these bridges to occur between mental health policy, drug treatment policy, and child welfare policy, housing policies, and correctional policies.

Although there have been many maladies, the Little Hoover Commission found many strengths in the mental health system. There are many people who are trying to drive innovation. There are data on foster care, on the correctional system, on mental health services, on educations outcomes and employment outcomes. There is significant funding, some 60 billion dollars a year in Health, Human Services Funding and tremendous political capital for mental health services. But the maladies are also fundamental. There is no vision, and this is what the Little Hoover Commission concluded most importantly, that the State does not have a vision for mental health care that say, everybody who needs services should get care tailored to their individual needs in ways that respect who they are as individuals and their families.

The Little Hoover Commission suggested some strategies that the State should pursue with the hopes that this Commission through its leadership role can begin to execute reforms. First, public vision should be "all who need care get care" and then design a system to meet that goal. Second, funding the public sector cannot afford to pay for mental health services for everybody who needs care. The State needs to go to the private sector asking them for help, how to design mental health coverage that covers mental health needs from prevention through the long-term recovery. In order to fund that system we need to think broadly about all the resources that are available in California.

The Little Hoover Commission believes that Proposition 63 represents a great hope and that the funding that is available to the State isn't simply to buy another increment service but to rethink how mental health care is provided in our communities, to rethink how the public sector and the private sector can partner to provide care for everybody who needs it. The Little Hoover Commission is ready to help the MHSOAC by sharing the information that has been gathered

over the years and also to share with the MHSOAC work that has been done in other states or to help you rethink how you would start with the vision of everybody who needs care gets care and then design a funding strategy, an organization strategy, and public practice to make that reality.

Chair Steinberg thanked Mr. Ewing and stated that his written reports were part of the Commission's original information packet. His website is, WWW.LHC.CA.GOV. He also asked Mr. Ewing to explain to the Commission what the Little Hoover Commission is.

Mr. Ewing briefly stated that the Little Hoover Commission is a bipartisan, independent, oversight agency of the State set up in the '60s to advise the Legislature and the Governor on ways to make government work better. It's a mix of public members and city lawmakers with a mandate to look at anything under the authority of the Governor.

Tricia Wynne asked Mr. Ewing what he thought the Commission's first steps ought to be when looking to transform the system from being crisis driven. Mr. Ewing stated that the Commission needs to ask themselves what the system needs to accomplish, and if it's appropriate to look at funding as the driver behind the outcomes the Commission is expecting or whether you should set a high standard and then create some expectations for people to meet..

Chair Steinberg then asked what the Little Hoover Commission's plans are in terms of help to the MHSOAC, going forward with Prop 63. To succeed, the Commission has to ensure that the Prop 63 money is spent effectively but they're also used as a catalyst for changing the way the existing funding within the system is spent.

Commissioner Poat stated that although the Little Hoover Commission may not be the best organization to help the MHSOAC, they may be able to help the MHSOAC identify other organizations that can help the MHSOAC with some of the specifics. But with their limited resources and staff, they are very open to helping the MHSOAC.

Chair Steinberg stated that he thought it would be a good project for the Little Hoover Commission to help the MHSOAC in identifying how the money ought to be a catalyst to change existing funding.

Commissioner Poat stated that through the Little Hoover Commission, the University of California, the California State University, the Department of Mental Health, the MHSOAC should be the convener of these different groups and ask them to come up with some recommendations for the MHSOAC.

Commissioner Jaeger said that in 2003 the Hoover Commission did a similar report on how to address the drug and alcohol issues in California. This should be a partner reading to anything that is done in looking at the series of problems because it plays through so many of the other issues and the Department of Mental Health is a key resource. The Department of Drug and Alcohol Program needs to be at the table in some way as the issues of how to redirect the funds of the State of California in a more effective way.

Commissioner Poat suggested getting a list of resources together and then convening early in 2006 targeting some questions. It was suggested that Commissioner Poat be made Chair of this Committee, and Commissioner Poat gladly accepted the designation.

Mr. Ewing stated that much of the baseline information they gather comes from the Department of Mental Health, University of California, California State University and is not independently generated information, and it is strength of the Little Hoover Commission.

Ms. Wynne asked Mr. Ewing if he had any ideas on how the MHSOAC can pull out of their silos and begin to do a more holistic approach. Mr. Ewing said that there are few silos at the community level. Integration either happens at the level of the family or at the level of the service provider, and it's expensive and challenging for service providers to tap 20, 30, or 40 different sources of funds in order to package services that they then provide in ways that can be tailored. The opportunity is to be very clear that whatever amount of money the State is spending, is spent efficiently, effectively, and strategically. If public dollars are not going to be forthcoming every year until needs have been met, then the Commission needs to think differently about how to spend the money it does have. It should streamline the process that allows service providers and integrate and tailor services.

Commissioner Feldman stated that over the years there have been many reports done by all levels of Government and from the private and small Commissions, many of which have never been translated into action. Commissioner Feldman asked Mr. Ewing to what extent the Little Hoover Commission's recommendations have been implemented. What is the barrier? What can the MHSOAC learn from his experience that might help the MHSOAC do a better job of translating knowledge into action, science into services?

Mr. Ewing stated that what the Commission finds across the board is that the number one challenge is one of leadership. The reason why the State is siloed is because departments have constituencies that have worked very hard to get their issue on the agenda, but they haven't learned why their issue is also our issue. We can't expect the General Fund or Prop 63 to fund it, but you need to tap the best minds in the State to say how does one get 80-90 percent of services met through private sector insurance so that the billions of dollars that are available can be aligned with needs in the best way. The challenge is one of leadership, setting an agenda, recognizing the problem, and moving forward. Unfortunately, State and county officials are often charged with running a program, not transforming the outcomes.

Dr. Mayberg followed up with Commissioner Feldman stating that one of the implementation actions from a Little Hoover Commission report is the Oversight and Accountability Commission and that this concept came out of the idea of leadership and a recognition that leadership in the Mental Health system can't be just in the Mental Health system because it crosses over too many different areas. When you look at the Little Hoover Commission and the Prop 63 language the over arching leadership and stigma reduction and the ability to force systems to integrate care really becomes one of the charges for this Commission.

Chair Steinberg stated that an example of the Little Hoover Commission's report, Prop 63 passed with the opportunity to implement much of what Dr. Mayberg has been calling for. Chair Steinberg thanked Mr. Ewing for his presentation and stated it was just a start. He then moved to approve the minutes of the October 2005 meeting. Chair Steinberg moved and seconded. Motion carried and approved unanimously. Chair Steinberg then welcomed Ann Sasaki-Madigan representing Sheriff Kolender and introduced Jerry Doyle.

V. Case Study on Children's Wrap Around Program

Commissioner Doyle is President and CEO of EMQ and Family Services, which started the first Wrap Around Program in California in 1993. It was brought about to better help those kids that

were not getting better in residential treatment beds. They looked at programs around the country and the world and found that programs in Chicago, Alaska, and Vermont had programs that were highly successful. EMQ integrated the best out of these programs, closed the residential beds and moved into Wrap Arounds. The money the county was funding for the residential beds was used for Wrap Around along with State and Federal funding. The best thing that can be done for any child or family is to help that child's family keep their child safe at home. Wrap Around provides this means and is family centered and strength based. Commissioner Doyle introduced Laura Champion, Senior Clinical Director.

Laura Champion introduced herself as a marriage and family therapist for 24 years, and has been working in Wrap Around for ten years at the direct care level, administrative level, and statewide training. Connie Burgess, a family partner, now consultant and was one of the first ten families identified to participate in the pilot of Wrap Around in the Santa Clara County.
Jean Reiney Nema Downski is a licensed clinical social worker and currently serves as a clinical director for EMQ in the Santa Clara County Wrap Around Program called Uplift. She came from Anchorage, Alaska where she worked for a Wrap Around Program at a children's shelter.

Ms. Burgess described her struggles of raising her special needs son before being involved with the Wrap Around Program. EMQ tailored and implemented a program around her family's needs and wants in order to integrate her son back into the family and have the family succeed.

Ms. Downski stated that all county plans should have Wrap Around included. Let each of the Wrap Around teams at each county level and the families who train those teams transform the system at the county level. Wrap Around is a process with a value base. Families are asked what they need to reach their goals for their child and their family. A dynamic support plan is created based on strengths to meet a wide variety of needs. Goals are reached or the plan is changed. The community is empowered to lift the stigma of mental illness by participating in the success of these plans and by assuming responsibility long after formal services have ended. System transformation takes the approach of finding out what the family needs as opposed to assessing and deciding what was needed.

The Commission wanted to know why this commonsense, effective, proven approach is not the Statewide norm. What are the system constraints that prevent this from being the Statewide practice and what can be done about it? Ms. Downski stated that funding needs to be rerouted from siloed categorical services and routed in the direction of Wrap Around services. She believes that the system is still currently dedicated to a different approach to working with children with mental illness. Commissioner Doyle concurred by saying that there are many barriers starting with how professionals are trained in graduate school. They're trained to look at the focus of pathology, what's wrong with kids, what's wrong with their families. They're not trained to look at strengths and what's right with families and kids.

Chair Steinberg asked what incentives were needed to put into law more funding for this approach. Commissioner Doyle stated that Prop 63 states that every county in California must create a Wrap Around Program that complies with the requirements for SB163. The money is there to do that under the child welfare and with EPSDT. The great majority of these children are Medi-Cal eligible, so the mental health money is there, and for those not Medi-Cal eligible, Prop 63 dollars can be used to provide the mental health services. We must make sure they do it, and that baselines are tracked, and to oversee and force accountability of this.

Commissioner Lee asked how many providers would be needed to implement this immediately if each case provider has a load of six families. Are there enough service professionals in our system that could meet this one to six customer ratio today?

Ms. Champion said it could be done. Staff has been cut in half and the number of children served in a one-year time period has more than quadrupled. She provided an example that showed that the Wrap Around Program has cut attrition of social workers.

Dr. Mayberg stated that it costs more to go into group homes, but the money is coming from other sources such as Federal money and costs counties less money. This kind of thinking needs to be changed. Dr. Mayberg asked what percentage of the shift in the work force of professionals was needed to supervise this level of services. Ms. Champion stated that the skill sets translate very well to community work. Chair Steinberg requested a report back to the Commission on policy recommendations for the Commission and the Legislature.

Commissioner Doyle brought up that PAI has been involved in helping Wrap Around spread around California and probably has some instrumental ideas that could be given to the Commission.

VI. Panel Discussion: What Steps Should Counties Take Today to Begin Transformation from a Crisis-Driven, Fragmented System to an Integrated Full Service, Supportive System?

Panel Discussion: What Steps Should Counties Take Today to Begin Transformation from a Crisis-Driven, Fragmented System to an Integrated Full Service, Supportive System? There are four different perspectives on the Panel today.

Margo Dashiell , Chair of the Alameda County Families' Coalition, is a family member and a retired community college professor in sociology and African American studies. Ms. Dashiell focused on the role of families in the transformation of the Mental Health System. What is needed in the transformation is to have individuals who are informed and have come to support each other in a common agenda. Education for family providers is also needed with modules for understanding the family role. Institutional change will only be possible when key stakeholders in the mental health system are constantly communicating with administrators about problems and possibilities of a system.

Delphine Brody is serving on the CSS Committee and is reviewing plans with the committee. She is the Bay Area Regional Coordinator with the California Network of Mental Health Clients. She spoke about the typical range of services available today in the Bay Area for adults who are low income and disabled. She relayed her experiences of trying to get help within the system and the inadequacies of that system. Not much is available for this group of people. Her recommendations for transforming the system would be voluntary client-driven services which would be required in the MHSA and in the community services and supports requirements. An expansion and, or development of peer support is also required for each county which includes support from people with lived experience in the mental health system and supports run by families. Culturally competent services and linguistically competent services are required and essential for transforming the system. Trauma informed and trauma specific services, especially peer support, are absolutely needed and are a recommended strategy in the CSS requirements. Disability benefits advocacy is crucial to assisting people get off the street if they are homeless. There should be a set of ground rules that counties can follow to ensure that people in a conservatorship who want to access services funded by the MHSA could do so on a voluntary

basis. There must be rules in place to protect the conservatee's voluntary rights to services. Ms. Brody stated that independent, permanent housing is one of the most promising types of services that the MHSA offers and hopes that it will be developed in each county.

Steven Bischoff, who is the Director of the Mental Health Association of Alameda County, stepped in for Hector Mendez who couldn't be present at the meeting. Mr. Bischoff brought up how difficult it is for county mental health directors and their staff to change the way they have administered their programs for many years. He feels the Commission can do some things to encourage and support the continued involvement of people in the decision-making process. Input from the families in setting goals of what is needed for them and a consumer is an important process. He felt that a good measurement for the success of the programs is the quality outcome for people that may not be as measurable by whether there are fewer people in jail.

Laurel Mildred spoke on behalf of the Mental Health Directors Association and said that she thought the most important part of the transformational aspect of the Mental Health Services Act is the stakeholder process and touching on the CSS plans which are the product of the stakeholder process. A big challenge for counties is sharing power and decision making yet being held accountable for the results. It's hard for the stakeholder to get the government to share power. She said her association had a four-county Panel consisting of Monterey, Stanislaus, Merced, and Santa Clara. The directors were asked to share the most important lessons that they learned. Main points were shared from Monterey and their stakeholder processes came up with 29 projects. They emphasized the areas of access, wellness, integrated care, culturally competent services, supportive housing, homelessness, and training for law enforcement. In Monterey County there was a lot of debate about the appropriateness of funding mental health courts, and that became a dominant theme as they went through their stakeholder process.

The Stanislaus County has a strong partnership between their Mental Health Board and the division and the stakeholders, and as a result, they've built on that process, and that was the keystone of what they did. They capitalized on every single resource into the process in their community.

Merced County is not a 2034 county, so they didn't have a framework built, and they had to begin from scratch. They decided they needed to shift from a medical model to a recovery model and thus spent half their money on training. They built their model on what they felt would be the perfect model and then backed into a plan that reflected their actual funding. Challenges for Merced were keeping the focus on the unserved and the underserved. To accomplish this, they did strategic outreach.

In Santa Clara many things were accomplished and the biggest conversations came with ethnic communities. They came up with six levels to evaluate, leadership and strategic planning, system partnerships, philosophy, practice models and competencies, family involvement, and consumer involvement.

Questions:

Chair Steinberg questioned if she had seen counties statewide address the issue of how to transform their existing funding streams under the assumption that Prop 63 itself is never going to be enough. What have they considered in terms of EPSDT or Children's System of Care or other funding streams, integration across other county agencies? Ms. Mildred said she has seen transformational elements. She feels the drivers are the stakeholders, and they do want

transformation, however, when you talk about EPSDT, that's not something that people at the local level have the power to change.

Commissioner Feldman stated that he felt in looking at what some of the counties are planning, they are not considering the others who are running the other county agencies, whose involvement in the participation in freeing staff to work in the kind of integrated programs like the Wrap Around Program is key. His question was whether or not this was being addressed. Ms. Mildred felt that there is integration in most of the counties.

Ms. Brody stated that some of the groups that she had participated in had a better than average showing of people with lived experience in the mental health system but felt that there still could have been some better outreach.

Ms. Wynne closed the discussion by thanking the Panel.

The Commission delegated Chair Steinberg the responsibility to put together a subcommittee to interview perspective candidates for Executive Director. The subcommittee has interviewed five applicants with one more interview today. The subcommittee is planning return interviews for some of the applicants this month. Chair Steinberg stated he would like to schedule a closed session of the Commission for Thursday, December 15, 2005, and invite members of the Commission who are not members of the committee to participate in the second interviews with the understanding that the subcommittee is making the final decision. This will take place in Sacramento in the Directors' Conference Room, time to be advised later. All were in agreement for this meeting.

Commissioner Ridley-Thomas arranged a tour of a program at McCymonds High School this morning and gave an update of the tour. It is a community-based clinic that has benefited from a public and private partnership. Children's Hospital in Oakland is the lead agency with the Director of Psychiatry, as well as the Director of Adolescent Medicine being involved, and an infrastructure that includes parents, students, and a range of others like the principal of the high school itself. He felt that they need to find a way to set up the means to assist people to perform these kinds of skills and set up additional settings. There is an incredible opportunity to leverage dollars. This high school is self-supporting now. Dr. Lee stated that from an educator's standpoint this is an incredible opportunity. We have schools in our State that are declining in enrollment with vacant classrooms. These are community facilities, and if they are used in an appropriate fashion, programs like this can be put into place with very little cost for the building. He further stated that 50 percent of the students who went to this clinic used mental health services.

Chair Steinberg suggested that they postpone the continuing dialogue on the committee rules around the issues of committee structure until January due to time constraints.

VII. Public Comment

Ann Arneill-Py, Director of the Planning Council, updated the Commission on the activities of the Planning Council. Activities of the System of Care Committee are a committee that is broken down by target population. Children and youth subcommittee has a mandate to study the foster care system. The subcommittee reviews and monitors the implementation of counties' efforts to improve the provision and quality of mental health services to foster children. The adult sub-committee is focusing on looking at State hospital oversight, and developing a work plan that focuses on how the Department of Mental Health is responding to the Department of Justice

audits. It will be evaluating the Department of Mental Health structures and processes for how they are going to be overseeing State Hospital implementation of those recommendations. They've worked on a project with the Commission on Aging that has produced a report on how to implement an anti-stigma campaign to reduce the barriers that older adults experience in trying to seek mental health services, and they want to integrate this project with any efforts that the MHSOAC has on working on stigma and discrimination, so that they're not duplicating efforts and will provide that report to the MHSOAC's early intervention and prevention committee. The second project the older adult sub-committee is working on is advocating for the expansion of the older adult system of care. Other committees that focus on the larger project issues and statutory responsibilities are the quality improvement committee. The Planning Council has a statutory mandate to review and approve all the performance indicators in the mental health system, and they have just approved the key event tracking indicators for the full-service partnerships that will be put into operation January 1, 2007, and they made several recommendations to improve the provision and accuracy of the measures in that system.

Chair Steinberg asked Ms. Arneill-Py how the Planning Council will be interacting with the Commission and how it can help her and/or work together to meet the common goals. Ms. Arneill-Py stated that she hoped that when the Commission forms its committees that Planning Council representatives would have a seat on those committees. This is where the most interaction would take place. Ms. Neill said that by having the Planning Council attend these meetings they could lend their knowledge and work together in a way to make the Mental Health Services Act a vehicle for implementing some of the problems that the Planning Council has seen.

Sharon Clausen said she has been very frustrated by what she has heard today. She was concerned by the language that was used to describe mental health patients. Just a few years ago they were described in a negative sense and now they are reflected in a positive, unfortunately, the words don't mean very much. Cultural competency means ask the clients. The un-included and the excluded are still being un-included and excluded. The clients are not being included in the meetings and quite often can't go because they are not reimbursed. Chair Steinberg stated that they would find ways of reimbursing and he wants to know what the problems are so the Commission can do what they can to legitimately solve it.

Nora O'Brien is the Senior Regional Advocate for the California Primary Care Association which represents the community based non-profit community based community clinics and health centers. Her job is to help counties that have challenges with the process to help throughout the State.

Artensia Berry is a consumer and a Berkeley Mental Health Commissioner. She talked about the forums they have set up in Berkeley. Consumers were happy to know that this program is going to include the consumers, and they wanted to participate in all areas, but she found that many of them had a problem with being able to afford to participate. They needed transportation to and from. They worried about eating. She doesn't think enough was done as far as outreach. Many of these people got word through other friends. A lot of them were lost due to failing at outreach and going to stakeholder meetings. She doesn't think enough work has been done in terms of getting the consumer involved. They had a wealth of information and they articulated very well what their needs were, barriers, and stigmas, and she felt that they really wanted to participate, but there were so many ways that they weren't able to do it.

Chair Steinberg said they are hearing the concerns on the issue of outreach and that there is an issue around travel and expense and the ability to be able to fully participate.

Nancy Thomas is the Executive Director of the Alameda County Network of Mental Health Clients. She reiterated what Ms. Berry said. She disagreed with earlier comments regarding the success of the Alameda County Stakeholder process and that it was very inclusive. As a consumer and consumer leader, she was not involved at all except when they were told that they needed five consumers in the stakeholder process and she was told to pick five. After hurriedly putting together a meeting, five were chosen, but there was no organization or time to train or plan. She feels there is a real disconnect between what actually happens and what gets written down as a successful process. A lot of the stakeholder process meetings were held in inaccessible places to public transportation. She there needs to be more concern with people's needs before the fact in order for them to have participation in the planning processes. Also, the planning language and the consultants that they use often have language that makes no sense to the client because they are not familiar with it.

Commissioner Gayle asked if the Mental Health Board was notified that consumers were not able to get to meetings and did they do anything about it. Ms. Thomas stated that their Mental Health Board has no consumer representatives on it, but she heard some people say that they would provide rides and would get people there, but she doesn't know how much of that was actually implemented.

Commissioner Hayashi asked Ms. Thomas if she were going to put together a training program, what elements she would include. Ms. Thomas stated that she thought the bottom line for those who have experienced the mental health system is that they often don't know what the array of services are and they don't know the language.

Commissioner Prettyman suggested that Ms. Thomas write to the Planning Council and have them investigated because legally they are supposed to have a consumer representative.

Chair Steinberg stated that there needs to be follow up to the Commission regarding this specific county and also the general policy regarding reimbursement for travel and some of the other constraints.

Shauna Atchison works for the Ventura County Behavioral Health Department and a Board member of their older adult mental health services work group of Ventura County and a steward for SEIU Local 998. She feels it is a very exciting time for mental health consumers, families, and the workers who provide services. She let the Commission know that the mental health workers represented by SEIU are very dedicated individuals to this cause and are behind the Commission.

H. E. Christian Peoples is an elected at large Director of the Alameda Contra Costa Transit District. He urged the Commission to include a public transportation component in the plan. When a consumer has an appointment, many are going to get there by public transportation. The second issue surrounding public transportation is how the drivers currently are able to handle mentally ill consumers who are disruptive or possibly have bad hygiene. They can ignore it or they can call the police and have them arrested. A public transit element might be able to develop some other choices. The third possibility is the current authorization bill includes a requirement of coordination. It makes no sense to have a VA van and somebody from a mental health agency and one of their Para-transit vehicles show up at a center all taking somebody over to the VA or UC in San Francisco. There is going to be an FTA Listening Session in Sacramento around

December 20, 2005, and he suggested someone from the Commission attending. He offered his services and his staff's services and the California Transit Association and CALACT to try to develop this.

Chair Steinberg asked Commissioner Doyle and Ms. Wynne as Chairs of the subcommittee to follow-up on the suggestion because he doesn't see the transportation element reflected in the plans from the counties.

Melinda Bird is the managing attorney of the Los Angeles Office of Protection and Advocacy, or PAI. For over 20 years she has been a Medi-Cal advocate at a State and National level. The Mental Health Services Act will hopefully expand the Wrap Around Program to all counties. She first urged the Commission to take the outcome measures that are implicit in the Mental Health Services Act and apply those to the underlying EPS2 (?) System. There is a lot of money being spent with very little data that tells the outcomes for the children. A second key concept will be to create blended, braided funding, perhaps a global billing rate for Medi-Cal services for Wrap Around. It should be the State's mission to pull all the funding sources together. A third concept is to create practice protocols that will all to know when Wrap Around is of good quality. She lastly urged the Commission to bring Wrap Around to scale.

Michal Deel is the Chairman of the Berkeley Mental Health Commissioner and consumer and liaison to the Alameda Behavioral Health Care Commission, and at those meetings he is the only consumer. He's also been a peer counselor at the Berkeley Free Clinic for the last 15 years and an organizer with BOSS working with homeless people. There is a serious problem with the homeless in Berkeley with no adequate funding. He stated that he hoped to see more of a transformation in the system.

Michelle Reeves is a consumer provider. She feels there aren't enough programs for consumer provider training. Consumers who work need support; someone they can talk to when they are feeling overloaded. She feels the consumer providers are often forgotten. Programs are very important. They are being trained, and then there aren't paid jobs for them.

Sharon Keene is with the California Network of Mental Health Clients, also, Contra Costa's Office for Consumer Empowerment, and she also works with a couple of different training and consulting teams; Wellness Recovery Educators and the California Coalition of Consumer Survivors in Mental Health Management. There is often a big gap between what the individual stakeholders felt was crucial and what actually made it on to the paper and then what actually made it into the plan after the county team got the paper from the stakeholders. She encouraged the Commission when they look at plans to look at those materials at the end of the plan in terms of input that people gave after the plan came out Ms. Keene suggested two things that she thought was important to consider when transforming the current system. One is consumer employment. The system needs to be transformed by having consumers in the mix in all different settings at all different levels. There needs to be an infrastructure to support consumers and include them in the design, in the implementation, in the hiring and training for new programs, and then in the evaluation of those programs.

Sally Zinman is the Executive Director of the California Network of Mental Health Clients. She spoke about red flags the Commission should look at when looking at plans. Look at the public comments before you even look at the plan because they will give you an idea of what really went on in the trenches. Secondly, look where the money is going because there might be an

incredible recovery client run program, but then look at where the money is; they may be getting nothing or very little.

Commissioner Feldman asked Ms. Zinman that despite all the rhetoric that supports the kinds of things that are being talked about, he continues to hear dissatisfaction. He would like to better understand what she feels is the diagnosis. What is the root cause of this distance between what is intended to do and what in fact appears to be happening?

Ms. Zinman said how can you ask the same old people to implement a transformed system? Ms. Keene mentioned the Lost in Translation, that when you did have incredible stakeholder involvement and it got to the counties to write the plan, it was the people who had been in the system for the last 10 or 15 years writing the plans. That's one explanation. To have stakeholders involved, clients and family members and have major decisions is not something that people are used to. It's going to take time.

Paula Comunillie (?) is the founder and CEO of Listening Well for Mental Health. They use story and dialogue to replace stigma and discrimination with respect and unity. She stated that it took a full year of nonstop talking, recruiting, and relationship building to get 120 diverse cultures in the room to talk about what is working in mental health, what's possible in mental health, and what is the community going to do about mental health. She invited the Commission to consider creating a Statewide stakeholder prevention and early intervention summit to allow the people of California to determine the vision, the criteria, and overarching strategies for prevention in California.

Laurel Mildred offered her appreciation to the Commission and staff for their efforts to raise the issues. She further stated how much she appreciated having Toby Ewing talk about the Little Hoover Commission. SB1911 addressed the issue of the institutional bias of Medi-Cal by paving the way for a waiver to allow children to be treated in their homes instead of institutional settings. That Bill has never been implemented.

Delphine Brody said that peer based outreach is absolutely essential, not just to bring unserved and underserved consumers into new services that are being created, but to bring them to the table in the stakeholder process. Unfortunately, it was not actualized yet and thinks that a better job can be done next time around.

Connie Reitman gave a brief update on what has been happening in the Native American communities. In the beginning she was seriously concerned about the lack of tribal communities involved in the planning process, and as a result of the presentations she has been making, the Department has assigned staff to work with the tribal communities, and they have begun to design an approach that they feel will integrate Native American communities into the Mental Health Services Act planning and funding process. She feels that they have begun to see doors opening to enable the tribal people the opportunity to participate in services long overdue.

Betty Dahlquist is the Executive Director of the California Association of Social Rehab Agencies. She is here on behalf of transforming the system conversation, what they call the Willie Hutton Rule, which is where is the money? She passed out a two-page pamphlet on crisis residential that they had put together as part of a managed care information series. And thirdly, she gave the latest article in Psych Services that compare the efficacy of hospital based acute care with a residential treatment alternative that clearly demonstrates that if you're going to invest your money there are better choices. The Mental Health Services Act really does provide the opportunity in speaking to how do you help systems transform, to develop alternatives that then

allow them to redirect local resources currently spent in hospitals, institutions for mental disease, skilled nursing into furthering the broad array of community support services.

VIII. Progress Report from Commission's Community Services and Supports (CSS) Committee

Ms. Wynne passed out a handout showing how committees ought to be structured. Rose King was introduced. She is the staff person that has been working with the CSS Committee. There are approximately 12 people on their committee, and they are still actively looking for three more members, and by the next committee meeting they will be able to give a full report. The committee is comprised of three clients, three family members, a Native American, one Latino with two invitations outstanding, and two African Americans. Geographically diverse, there are three people from the Central Valley, three from the Bay Area, three from Los Angeles, and three Commissioners. There are two law enforcement people including someone from the Los Angeles Police Department who is really bringing invaluable expertise to the committee.

She suggested how to structure the committee and said they would come up with a committee plan and staffing needs. Ms. Wynne passed out a second handout which outlined a statement of duties and procedures that would be expected of committee members to follow. After reviewing the plans, the committee will submit their notes to the Department of Mental Health. She passed out a third handout which was the goals, processes and guidelines for the MHSO, and stated that this is the Committee's attempt to come up with a way to review the plans with a special eye toward the promise of transformation of the total mental health system to a recovery, resiliency, and wellness model paying attention to prevention, intervention, innovation, looking at workforce development. The CSS has plans for five counties in review presently, and there are four to five members reading each plan.

Commissioner Doyle stated that they had completed the review of Stanislaus County's plan. Some of the members have sat down with the Department of Mental Health and are also present at their Panel reviews and have found it helpful in working to collaborate with the DMH process.

Chair Steinberg asked Commissioner Doyle how the Commission hearings can be used to raise issues, have discussions about particular county plans or thematic issues that run across plans. Should time be set aside at every meeting to go over and understand the description of plans that have been reviewed and to talk about big picture trends? What if a Commissioner who is not on the committee reads a plan and has a big question or concern? What means can they input into the review? Ms. Wynne stated that she had the same process questions regarding the role of the Commission in approving the plans.

Chair Steinberg stated there are two stages, one is the review of the plans for this first year where the county wants the money but they are working on the Department's timeline. The second issue is whether the Commission should be advising individual counties as they begin planning for the future years, and what part does the Commission play in the former versus the latter?

Commissioner Doyle stated he thought the Commission needs to identify some baselines about where they are now and where they want to be in the future. He feels an hour should be set aside in each future meeting to talk about the baseline data that they think is important to understand. A consensus needs to be created among the Commission about what is important baseline data.

Commissioner Chesbro stated another process question is how do they go back and forth with the Department, and how do they move forward?

Chair Steinberg said that in January they would set aside some time on the agenda to have a full Commission discussion about the specifics of the written summaries.

Ms. Wynne said that they will work to get these documents on their website so that everyone can take a look at them, and by the January meeting, there will be eight big plans in circulation for review.

Ms. King addressed the earlier question about the future planning of the annual report and the guidelines. Most of these questions can't be answered today, and this is the foundation for what they want counties to address.

Chair Steinberg asked for everyone's patience and perseverance because they still need to hire an executive director, to start work at the beginning of the year, and part of his/her duties will be to help staff the Commission with the resources and expertise that is needed to assist in answering all of the questions.

VIIII. Gearing up for the Three-Year CA Healthcare Foundation Grant to Study MHSA Implementation

Commissioner Gayle brought the meeting back to order.

Richard Scheffler talked about the three-year CA Healthcare Foundation Grant to Study MHSA Implementation. He started by addressing the Petris Center, which is part of UC Berkeley's School of Public Health. This was started in 1999 when given an endowment. The Petris Center is a research center which deals with real problems and real issues. The key role of the Petris Center is to give up-to-date information on the healthcare system including the mental health system. The Center focuses primarily on low and moderate income consumers. The Petris Center is connected to the Psychology Department, so there is clinical input on the study.

The first report put out was a look at measuring mental health care in California counties. They looked first at the CHIS (California Health Interview Survey), which is a survey of thousands of people in California and reported county level comparisons of mental health related measures in each of the 58 counties in California, and reported on the positive and negative to get a baseline report. This was done in 2003, and again in 2006 to see what changes happened in the counties.

Dr. Scheffler then listed studies his Center is involved with and that could be beneficial to the Commission. Dr. Scheffler mentioned that the MHSA study is funded by the California Healthcare Foundation for three years. They will look at the fiscal and social impacts of the system, the term and the utilization of the current services and new programs. Prop 63 is being looked at not only from other states in the United States but the World Health Organization and United Nations, so it has repercussions way beyond California.

Mr. Brown went over the details of the study. He brought along a large contingent from Berkeley who are policy analysts. They have support from the Department of Mental Health (DMH) and are working with them on acquiring state level data for analysis with the California State of Mental Health in setting up the research. They also have a couple outside consultants, one from Harvard Medical School and a sociologist.

The study is set up by the Petris Center and they have partnered with the California Institute of Mental Health (CiMH). CiMH is their contact with the counties, and they're also setting up the

survey which will be sent out to the County Mental Health Directors. Data is being received from the County of Mental Health systems, as well as from the Department of Mental Health working with Dr. Mayberg and his staff to facilitate that.

The overall thrust of the study is what is going to happen in the major transformation? Things to be looked at will be suicide, overall aggregate rates of suicide as well as suicide rates of consumers in the system. They will be looking at incarceration, seeing if 63 shifts treatment away from the Department of Justice. The goal is for people to get treated outside of the justice system. They will look at school failure, dropout rates for transitional aged youth; unemployment for both transitional aged youth and for adults. Homelessness will be a big thrust of this.

The primary research objectives are first that they want to monitor the implementation and flow of funds. They want to look at program changes and system changes, and what are the processes that are changing. They want to look at the factors critical to change. There will be different changes from county to county. What are some of the reasons behind why the changes were done differently in each county? They want to talk about the impact on the societal indicators.

Currently, baseline information is being collected so they can see what's going on now, so they can look at what happens later when there is a change.

Questions:

Commissioner Feldman felt that three years is a short time to have a significant impact on social indicators particularly since a social indicator like unemployment is far more susceptible, far more influential in determining psychiatric hospital admission than anything.

Dr. Scheffler agreed that the causation goes more from the unemployment rate to mental health than the other way around. He felt that the two-pronged approach was the only way to go in order to make any sense. In three years he can get a sense of what is being done but to get real scientifically valid results for the annals of general psychiatry or the Mental Health Policy Journal, it will take longer than three years.

It was asked if the Petris Center would be able to assist the Commission to identify some of the baseline data if they come up with specific questions. Dr. Scheffler stated that they would like to consider themselves a resource for the State. The idea is that the Petris Center is a resource for everybody, and they think of this as a partnership.

Commissioner Chesbro asked if the primary goal of their research was to provide analysis and data for the policy-making process, or can they also then take the next step in terms of policy recommendation or analysis of directions, inclusions where policy should go as a result of the data study? He also asked if there would be policy recommendations in the reports.

Dr. Scheffler stated that he is working with the California Health Care Foundation on this issue. They want to be involved in the policy process. Dr. Scheffler stated that they have to be careful with the reports in that they will look at the likely alternatives and assess them, but they won't pick one because they don't want to have a position, otherwise they've lost their credibility. They will show policy implications and what they see as the balance on either side.

Jay (?) asked how the mental health community was being involved in the study, particularly consumers and family members, and how are they being utilized? Is there a Board of the mental

health community? Are there families and consumer members in reviewing some of the tools they'll be using, interviewing clients and family members?

Dr. Scheffler stated that they're working with Neil Adams to determine how they are going to have consumers involved, and it's still in process right now.

Michelle Curran stated they could go to the consumers directly because they would all be happy to help. They want total involvement in all phases of the transformation.

Dr. Scheffler stated that they will get their opportunity to help at the county level and it is going to take time to implement this.

A member of the audience stated that she was horrified that, this level of study and examination is being done of the consumers, but none of the consumers are being asked anything about it. She wanted to know why there weren't mental health clients in the committees he was talking about, advising them from the beginning. She feels adamant that mental health clients need to be on the committee and not a clinician telling them what mental health clients need.

Commissioner Gayle ended the presentation and thanked the Petris Center and adjourned the meeting.

Minutes approved: 5/26/06